

Patricia Booker

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578737

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/	7				
11	/	7				
12	/	7				
13	/	7				
14	/	7				
15	/					
16	/					
17	/					
18	/					
19						
20						
21						
22		83				
23		83				
24		83				
25		83				
26		83				
27	/	1				
28	/	1				
29						
30						
31						
32						
33						
34						
35						
36						
37		10				
38		10				
39		10				
40		10				
41		10				
42	/	1				
43						
44						
45						
46						
47						
48						
49		7				
50		7				
TOTAL IND.			7			
TOTAL DEP.			80			
TOTAL CLAIMS			87			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		7				
52		7				
53						
54	/					
55						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						